

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1300 (For use with Form PTO/SB-12)						Application Number	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
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CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

- May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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86				.	1		
87					B		
88					B		
89					B		
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91				.	1		
92					B		
93					B		
94					B		
95					B		
96					B		
97					B		
98					B		
99					B		
100					B		
Total Indep					18		
Total Depend					29		
Total Claims					46		